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AUTHOR Wetzel, Janice Wood
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ABSTRACT

The rationale for psychosocial micro and macro interventions for the prevention and treatment of depression in aging women is conceptually based upon empirical research. The investigator's person-environment incongruence model of depression, applied to a study of 50 depressed and 50 non-depressed white women for the purpose of exploring possible psychosocial determinants of depression, provided support for the hypothesis that incongruence between a person's dependence or independence predispositions and family and work environments makes one vulnerable to depression. Research results indicated that there were no differences in the findings for those women (70%) who were between 55 and 67 and the younger 21-55 year-old subjects. Additionally, while most depressed women were dependent, independent women in environments incongruent with their needs were also depressed. Conceptualization of institutional care as integrating aspects of both family (the home) and work (management of residents) environments suggests a need to apply significant findings in order to increase congruence between the needs of the women and their irstitutional environments. (Author)

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PERSON-ENVIRONMENT INTERVENTIONS WITH AGING DEPRESSED WOMEN IN INSTITUTIONS

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BY

Janice Wood Wetzel
University of Texas at Austin

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PERSON-ENVIRONMENT INTERVENTIONS WITH
AGING DEPRESSED WOMEN IN INSTITUTIONS

There are more than one million people living out their lives in nursing homes in the United States. They are primarily white, generally elderly, and usually poor. They are largely women who are alone in the world. In fact, three-fourths of all nursing home residents are women.[1] While the plight of the institutionalized elderly has been publicly exposed, the fact that it is mainly a female issue is seldom addressed.

Depression, our nation's leading mental health problem, is another female concern. Women are three times more likely to experience the phenomena than are men.[2] As for the depressed elderly, experts generally agree that depression statistics would be increased considerably if the many elderly now misdiagnosed as suffering from organic brain syndrome were correctly assessed as depressed.[3] Even so, depression is one of the most pervasive problems, reflected in the prevailing helplessness and hopelessness of the residents. It is significant, then, that social scientists have found institutions to be guilty of accelerating, rather than reducing, the symptoms of helplessness and hopelessness in the elderly.[4] Whether or not the 3:1 female-male depression prevalence and incidence ratios hold for nursing homes is not clear. Since the number of institutionalized elderly women is three times greater than for men, we can assume that it is highly likely. In any case, interventions may be readily applied to men as well as to women.

Person-Environment Incongruence Model

This paper will focus on psychosocial micro and macro interventions for the prevention and treatment of depression in aging white women who are living

in institutional settings. The rationale for each intervention is conceptually based upon the writer's person-environment incongruence model of depression. The model posits that depression is a joint function of one's predisposition to independence or dependence and significant environments which are incongruent with one's accordant needs. An initial study of 100 white women between the ages of 21 and 67 was conducted. Half of the women were diagnosed as depressed according to Feighner Criteria for Primary Affective Disorder - Unipolar Type.[5] The other half were matched for sex, race, age, and occupation. The study, detailed elsewhere,[6] supports the incongruence hypothesis. The multivariate F-test on the discriminate function was highly significant ($F(24,75) = 3.70$, $p = < .0001$). There were no differences in the findings for those women (20%) who were between 55 and 67 and the younger sample. Results were as follows:

1. Depressed women most often found to be dependent in that they were very easily influenced by their employers; they also lacked interest in the world outside of their families, another dependence dimension.
2. Dependent women preferred non-autonomous family environments where others would make decisions, solve problems and take risks for them. When they did not experience such environments, they were depressed.
3. Independent women preferred autonomous family environments and became depressed when they were restricted to more limiting home environments.
4. Women who did not perceive their families and/or peers or employers at work to be supportive were depressed. (Supportiveness reflected concern and commitment, mutual

helping, backing up one another, and offering time and attention in a friendly, responsive manner, within a warm, nurturant, harmonious atmosphere.)

5. Women were depressed when they experienced work environments where rules and pressures were used by management to keep them under control.

Conceptualizing institutional care as integrating both family (home) and work (management) environments, these findings will be operationalized and applied to nursing homes in order to increase congruence between the differential and shared needs of elderly women and their environments. It is hoped that suggestions put forth will help to create constructive alternative life styles for the elderly, in place of oft-cited custodial climates where the aged live out their final years in limbo.

MICRO-INTERVENTIONS

Developing Independence

Micro-interventions focus on individual personal change and development. Implicit is a developmental perspective on aging recognizing the ongoing possibilities for personal growth throughout the life span.[7] Relevant application of the findings leads us to reassess the behavior of those elderly women who are too easily influenced by nursing home personnel. It is important to rethink the long-range effects of such subservience; although its reinforcement in the hectic institutional world is understandable, such extremely dependent behavior is contraindicated. These are the women who are most likely to be or to become depressed,[8] and eventually will require more care than will their more assertive sisters. Research tells us that persuasibility (easy influence) is linked with lack of self-esteem and is usually a female attribute.[9] Task

mastery can effectively counter such a low self-concept, resulting in a perception of effective competence necessary to well-being.[10] The task must be considered worthwhile by the subject herself if it is to be a viable strategy. Tasks should be chosen selectively and broken down into increments, so as to assure success. While the planning and implementation of the task by the elderly woman and her helper may be initially time-consuming, the very process is therapeutic. The client's abilities are being steadily reinforced.

Interest-in-the-World and Self-Development

Lack of interest-in-the-world and lack of interest in self-development, indicators of dependent behavior leading to vulnerability to depression, are typical of the elderly women. These traits are often exacerbated by institutional isolation and apathy. Interest-in-the-world can be fostered through group interaction which has a social benefit also. The women are encouraged to choose a topic of interest, to pursue it and share it with the group. This interest-in-the-world exercise is broadly conceived, covering such topics as current events and the arts, or more concrete concerns such as cooking, gardening, handcrafts, or budgeting. Whatever the case, focus is on interesting, contemporary ideas. Aides may be needed to help research the area of interest, providing resources in the form of reading material (or reading to the client if necessary), records and tapes, and visitors who have expertise in the given area. Informal presentations to the group provide knowledge and foster multiple interests, as well as a positive self-concept.

Youth Involvement/Life Review

The involvement of youth with the elderly is an almost sure-fire success. In the writer's experience, young people are equally appreciative of the relationship, a fact that is not lost to their seniors. The long-range socialization factor should not be discounted either. Youth who learn to esteem the

aged provide a support network all too often missing in this generation. They, in turn, will also have a more positive view of their own aging. While youth can effectively take part in all of the suggested interventions, a particularly relevant program is the Life Review. Life Review is the telling of one's life history, heretofore demeaned as "living in the past." Butler and Lewis[11] suggest that the process is therapeutic and to be encouraged. The sharing of such oral histories with the young communicates to the older person a validation of their life experience and self-worth in a rapidly moving society. The young are thereby educated to the past and can relate the life knowledge of the older person to present-era conditions. If the youth is female, both share the added benefit of mutual feminine history. Often forgotten in the pages of male-oriented history books, feminists call such valuable information "herstory." The elderly person is thus providing a valuable service not available elsewhere. This approach can be extended to other needed services, and should be encouraged whenever possible. Populations such as children, teenagers, handicapped, retarded, invalids, and even other elderly people all benefit from the attention of our older citizens. Such involvement develops a sense of self-worth crucial to optimal mental health.

Assertiveness Training

Finally, assertiveness training is suggested. A now almost classic intervention for younger women, it is no less important to the aging. It is never too late to learn that one has rights, and that one can express oneself without fear or aggression. The social communication skills that thus develop are appropos to depressed dependent women. Research indicates that such women are often subservient and cannot assert themselves.[12] Hostility, another common symptom of depression, is also a natural effect of such behavior, often

presenting as passive-aggressiveness and negativity. Both personality traits are not unknown to nursing homes, making the work of the staff more difficult and the climate of the institution unpleasant. Assertiveness training will not be detailed here, as it has been formulated elsewhere in any number of references.[13] The skills need only be applied to nursing home and/or family relevant matters.

MACRO-INTERVENTIONS

Supportive Environments

Macro-interventions focus on the social environment. Of central importance is environmental supportiveness. Recall that this dimension emerged as significant relative to families, peers and employers. An analogy can be made to residents' "real" families when they exist, to their peers in the nursing home, and to the staff. The institutional setting must create an alternative family for most female residents, for statistics indicate that only 10% have a living spouse, 50% have no close relatives, 60% have no visitors at all, and only 20% will return to their homes in the community.[14] Loss of love objects and role loss, two of the major theories of depression,[15] are clearly reality conditions in the aged woman's world.

The development of quasi-families need not be viewed as second-rate substitute relationships. Research tells us that friends are much more likely to provide intimate support systems for older women than are blood relations or spouses.[16] Blau suggests that spouses and co-workers are more important than children to well-being. Friendship is based on mutual choice and need, involving a voluntary social exchange between equals.[17] A person's sense of self-esteem and usefulness thus appear to be more important than filial relationships. The implications are great for nursing homes. The development of

social support systems is not only inperative,but highly feasible and satisfactory.

That is not to say that existing families are not important. Group activities involving families with elderly relatives are suggested for the purpose of mutual support. The actions and reactions of families due to their own needs must not be overlooked. What is true for the elderly is no less true for their families, for we are talking about common human needs. Support of family needs will have a direct effect on the well-being of their elderly kin.

Staff Support

In a research project evaluating the effectiveness of treatment of the depressed elderly, it was found that there was a significant relationship between alleviation of symptoms and intensive involvement with residents. Such was not the case for those treated with chemotherapy or assigned to the "no treatment" control group. Types of intervention that were most effective more fully engaged the elderly in the center though roles played by social workers. Length of time spent with the clients or types of activities were not of great importance. Rather, the total number of times the workers had casual chats, contacts or meetings with the elderly were the critical variables.[18] We might suspect that confidante relationships were also established, a condition having a positive effect on morale.[19] The writer, therefore, encourages personal involvement on the part of personnel as a basic therapeutic attitude.

Peer Support/In-House Experts

Even more critical is the encouragement of peer support groups. Stress should be put on mutually nurturing behavior and personalized attention as indicated in the writer's research findings. Residents can be taught the impor-

tance of such supportiveness to their comfort and happiness; it need not be a professional mystery. Whenever possible, make them an active part of the decision-making, programming, and service delivery system.

Another project that may be instituted to stimulate peer support, as well as self-development and self-esteem is an "In-House Expert" program. Each woman is encouraged to provide expertise in one area. It may be in the world of ideas, talents or skills. The interest may have grown out of the Interest-in-the-World exercise, or may have been a life-long vocation or avocation. Whatever the case, cohorts are free to call upon one another for advice and help relative to their area of expertise. A mutual peer support system is thereby developed and reinforced, as well as individual competence and worth.

Non-Controlling Environments

Rights and privileges so often lost upon entry into a long-term care facility need not be perpetuated. Euster refers to the growing evidence that institutional programs for the elderly are leaving the "dark ages."[20] One of the elements critical to such progress is "the need for independent control of some aspects of their lives," posited by Gottesman and Barney.[21] The writer's research clearly indicates that environmental control is an antecedent variable of depression, regardless of dependence or independence orientation. Evidently, no one thrives when rigid rules, procedures and orders characterize the environment. This control concept packaged in different forms has been put forth elsewhere relative to depression.[22] While efficiency is admirable in a nursing home, and control has been viewed as a perquisite of efficiency, the toll is too great. This factor, however, is probably the one which meets with most resistance to change. The same thing can be said of the work environment and has been addressed in an earlier paper.[23] A "catalytic change model" was

suggested which may also be an essential process for institutional change. The needs of staff to control and the needs of depressed (or potentially depressed) elderly for self-control are mediated by a facilitator. Compromises are made which lead to a more effective egalitarian environment, if not as "efficient" an operation in the traditional sense.

Just as the needs of families of the elderly are reflected in their interactions, so, too, are the needs of the staff. The writer, therefore, encourages administrative, professional and clerical staff to take part in the catalytic change facilitative process. Environmentally controlled staff who lack peer support, and who may also be dependent personalities, are equally as vulnerable as are patients. Their situations are only different in that there is the possibility that they may experience a congruent environment at home. They will have a somewhat lesser chance, then, of experiencing depression. In any case, their "dis-ease" will have environmental repercussions just as surely as does a patient's subjective discomfort. People who are controlled, and therefore lack power, may be more likely to exert control over those in a one-down position.[24]

Differential Autonomy Needs

Finally, the concept of environmental autonomy must be addressed, for its application differs vis à vis one's dependency orientation. While steps may be taken to develop independence as indicated in the micro-intervention section, such a change in orientation takes time and is on a developmental continuum at best.[25] Whatever the dependence attribute that is manifested, support must be provided for relevant dependence needs. Research indicates that dependent people need more nurturance and support, for example, than do others.[26] They also require environments that relieve them of decision-making, problem-solving, and risk-taking. Hence, such people must be introduced into

the previously suggested more autonomous, egalitarian process with care. That is not to say, however, that they wish to be controlled. The more they experience the fact that it is they who are in control of their lives, the more they will develop a sense of independence and a preference for autonomy.

While research tells us that women have been socialized to dependence,[27] and dependence is typical of the majority of depressed women,[28] the writer believes that it is likely that many elderly women have developed a degree of independence which is not sustained by the nursing home environment. There is some evidence that women move in the direction of independence as they age, while men become more dependent.[29] This is only conjecture at this point, for there is no empirical research on the subject. (A study is being designed to test the prediction.) It is not unusual for nursing home staffs to personally attest to the fact that many female residents are independent. For such women, whatever their numbers, autonomous milieus must be encouraged. In their absence, such women become "secondarily dependent"[30] and are subject to depression, according to the results of my study.

Conclusions and Further Research

The findings concerning 100 white women have been corroborated in a follow-up study of 300 white, black and Mexican-American women and men.[31] Because the results are conceptually consistent with both behavioral and depression research, it is deemed to be appropriate and viable for prevention and intervention application. It must be noted, however, that applied controlled research in nursing homes is required for purposes of reliability. The writer hopes to implement such studies. The present reality, however, is that it is probably difficult to convince administrators of the necessity for programming for environmental change in the face of mounting costs and escalating cases.

Incentives must be provided if today's depressed elderly are to become positive role models for generations to come. The bleakness of the future is otherwise a depressing reality for us all.

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